

Request for Evergreen Piecemakers Quilt Guild Community Service Quilt

Requesting Organization:

Age and Gender of Clients Served:

Size and Type of Quilts Desired: (baby, lap, wheelchair, etc.)

Number of Quilts Desired:

How frequently are the Quilts needed: (one time, quarterly, annually, etc.)

Who Will Be Responsible for Picking-Up or Delivering the Quilts:

Requested by Evergreen Piecemaker Member: (name/ phone or email)

Send this form to: agage12345@aol.com